

# STATE EMPLOYEES' LEAVE DONATION PROGRAM

## COMPLETE PART I IF DONATING LEAVE TO ANOTHER EMPLOYEE

### PART I

#### EMPLOYEE MAKING THE LEAVE DONATION:

NAME: \_\_\_\_\_ SOCIAL SECURITY: \_\_\_\_\_

AGENCY: \_\_\_\_\_ AGENCY CODE: \_\_\_\_\_

#### EMPLOYEE RECEIVING THE DONATION:

NAME: \_\_\_\_\_ SOCIAL SECURITY: \_\_\_\_\_

AGENCY \_\_\_\_\_ AGENCY CODE: \_\_\_\_\_

#### TYPE OF LEAVE DONATED:

☐ SICK\*

NUMBER OF HOURS: \_\_\_\_\_

\* If donating sick leave, the amount donated when deducted must result in a new balance of at least 240 hours.

I hereby confirm that after making this donation, my sick leave balance will be at least 240 hours.

☐ ANNUAL

NUMBER OF HOURS: \_\_\_\_\_

☐ PERSONAL NUMBER OF HOURS: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CERTIFICATION BY APPOINTING AUTHORITY/TIMEKEEPER  
(Must be completed within 7 days of receipt of this form)

I \_\_\_\_\_, the timekeeper/appointing authority for the employee making the donation, hereby certify that the employee is in compliance with COMAR 17.04.11.22.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Please be advised that any unused donated leave will automatically be forfeited to the Leave Bank**

## COMPLETE PART II IF RECEIVING DONATED LEAVE FROM ANOTHER EMPLOYEE

### PART II

CERTIFICATION BY EMPLOYEE RECEIVING THE DONATION  
(Must be completed within 14 days of receipt of this form)

I \_\_\_\_\_, hereby affirm that I have supplied the required medical documentation and that I have not received more than a total of 2080 hours of donated leave from the Employee Leave Bank and from other employees during State service. I understand that I may not use the donated leave for any continuous period that when combined with all other forms of paid leave, exceeds 16 months. I also understand that I must comply with all requirements established by my personnel system for the use of earned paid sick leave.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CERTIFICATION BY TIMEKEEPER OR APPOINTING AUTHORITY OF RECEIVING EMPLOYEE  
(Must be completed within 7 days of receipt of this form)

I \_\_\_\_\_, hereby certify that I am the timekeeper/appointing authority for \_\_\_\_\_ (agency) and that I have reviewed the leave records of \_\_\_\_\_ and determined that the employee has satisfied the requirements for using the donated leave.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_